



IN THE DISTRICT COURT OF OKLAHOMA COUNTY
STATE OF OKLAHOMA

FILED IN DISTRICT COURT
OKLAHOMA COUNTY

AUG 19 2020

RICK WARREN
COURT CLERK

34

GILBERT MEDICAL BUILDING LLC,

Plaintiff,

v.

Case No. _____

TRAVELERS CASUALTY INSURANCE
COMPANY OF AMERICA, NICHOLAS
LEE BEST, and THE INSURANCE
CENTER AGENCY INC.,

Defendants.

03-2020-3532

SUMMONS

To the above named Defendant: Travelers Casualty Insurance Company of America
c/o Oklahoma Insurance Department
Five Corporate Plaza
3625 N.W. 56TH Street, Suite 100
Oklahoma City, OK 73112

You have been sued by the above-named Plaintiff, and you are directed to file a written Answer to the attached Petition in the Court at the above address within twenty (20) days after service of this Summons upon you, exclusive of the day of service. Within the same time, a copy of your Answer must be delivered or mailed to the attorney for the Plaintiff(s).

Unless you answer the Petition within the time stated, judgment will be rendered against you with costs of the action.

ISSUED this 30 day of July, 2020

RICK WARREN, Court Clerk
COURT CLERK,

Deputy Court Clerk

(Seal)

Attorney for Plaintiff(s):

Name S. ALEX YAFFE, OBA #21063

DAVID L. TEASDALE, OBA #30307

Address: P.O. Box 890420

Oklahoma City, OK 73189

Telephone: (405) 632-6668

This Summons was served/mailed on August 17, 2020.

YOU MAY SEEK THE ADVICE OF AN ATTORNEY ON ANY MATTER CONNECTED WITH THIS SUIT OR YOUR ANSWER. SUCH ATTORNEY SHOULD BE CONSULTED IMMEDIATELY SO THAT AN ANSWER MAY BE FILED WITHIN THE TIME LIMIT STATED IN THE SUMMONS.

RETURN OF SERVICE BY SHERIFF (PERSONAL SERVICE)

I certify that I received the foregoing Summons on the _____ day of _____, 20____, and that I delivered a copy of said Summons with a copy of the Petition to each of the following named Defendant(s) personally in _____ County at the address and on the date set forth opposite each name, to-wit:

NAME OF DEFENDANT	ADDRESS	DATE OF SERVICE
_____	_____	_____

USUAL PLACE OF RESIDENCE

I certify that I received the foregoing Summons on this _____ day of _____, 20____. I served _____ by leaving a copy of said Summons with a copy of the Petition attached at _____ which is his/her usual place of residence with _____, a member of his/her family fifteen (15) years of age or older.

CORPORATION RETURN

Received this Summons this _____ day of _____, 20____, and as commanded therein, I Summoned the _____ within _____ named _____ Defendant, as follows, to-wit: _____, a corporation, on the _____ day of _____, 20____, by delivering a true and correct copy of the Petition to _____, being the _____ of said Corporation, and the _____, President, Vice-President, Secretary, Treasurer or other chief officer not being found in said County.

NOT FOUND

Received this Summons this _____ day of _____, 20____, I certify that the following persons of the Defendant _____ within _____ named _____ not found in County: _____.

FEES

Fee for service \$ _____. Mileage _____. Total _____. Dated this _____ day of _____, 20____.

_____, Sheriff

By: _____, Deputy

CERTIFICATE OF SERVICE BY MAIL

I certify that I mailed copies of the foregoing Summons with a copy of the Petition attached to the following named Defendant(s) at the addresses shown by certified mail, addressee only, return receipt requested on this 7th day of August, 2020, and receipt thereof on the date shown.

DEFENDANT	ADDRESS WHERE SERVED	DATE RECEIPTED
<u>Travelers2..</u>	<u>3625 NW 56th St. Ste 100</u> <u>OKC, OK 73112</u>	<u>August 17, 2020</u>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Travelers Casualty Insurance Company of America
 c/o Oklahoma Insurance Department
 Five Corporate Plaza
 3625 N.W. 56th Street, Suite 100
 Oklahoma City, OK 73112



9590 9402 3972 8079 3621 70

2. Article Number (Transfer from service label)

7015 0640 0002 6307 8542

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Peepmy Kelly*

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED

POSTAL DESK

AUG 17 2020

OKLAHOMA INSURANCE DEPT.

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☐ Certified Mail®☒ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

ALERT: DUE TO LIMITED TRANSPORTATION AVAILABILITY AS A RESULT OF NATIONWIDE CO...

USPS Tracking[®]

[FAQs >](#)

Track Another Package +

Tracking Number: 70150640000263078542

[Remove X](#)

Your item was delivered to the front desk, reception area, or mail room at 10:30 am on August 17, 2020 in OKLAHOMA CITY, OK 73105.

 **Delivered**

August 17, 2020 at 10:30 am
Delivered, Front Desk/Reception/Mail Room
OKLAHOMA CITY, OK 73105

Get Updates 

Text & Email Updates



Tracking History



August 17, 2020, 10:30 am

Delivered, Front Desk/Reception/Mail Room
OKLAHOMA CITY, OK 73105

Your item was delivered to the front desk, reception area, or mail room at 10:30 am on August 17, 2020 in OKLAHOMA CITY, OK 73105.

August 15, 2020, 9:55 am

Delivery Attempted - No Access to Delivery Location
OKLAHOMA CITY, OK 73105

Feedback

August 15, 2020, 3:43 am

Departed USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

August 14, 2020

In Transit to Next Facility

August 7, 2020, 9:04 pm

Arrived at USPS Regional Facility

OKLAHOMA CITY OK DISTRIBUTION CENTER

Product Information



See Less

Feedback

Can't find what you're looking for?

Go to our FAQs section to find answers to your tracking questions.

FAQs